COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : SHI ET AL.

SERIAL NO. : 09/941,997   EXAMINER : J. HINES

FILED : AUGUST 29, 2001   ART UNIT : 1645

FOR : TROPONIN I POLYPEPTIDE FRAGMENTS AND USES THEREOF

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 10, 2003.

Lois A. Snure
(Name of Depositor)   (Signature and Date)

AMENDMENT AND RESPONSE

COMMISSIONER FOR PATENTS
P.O. Box 1450
ALEXANDRIA VA 22313-1450

Dear Sir:

This is in reply to the Notice of Noncompliant Amendment which was mailed from the United States Patent and Trademark Office on 5 September 2003. Contained herein are the following Sections: I) Complete Listing of All Claims and II) Closing.
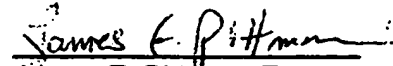
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Fees

No fees are believed to be required for this REPLY. However, should this be erroneous, authorization is hereby given to charge Deposit Account no. 11-1153 for any underpayment.

CONCLUSION

Entry of the foregoing reply into the record is respectfully requested. An early allowance is earnestly sought.

Respectfully submitted,

James E. Pittman, Esq.
Attorney for Applicant(s)
Registration No. 47,860

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number 09/941 997
142 7 1-052 Cont

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR.	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20=	* 0
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐			OTHER THAN SMALL ENTITY	
RATE	FEE	OR	RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X$ 9=	—	OR	X$18=	
X40=	—	OR	X80=	
+135=	—	OR	+270=	
TOTAL	355	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	• 15	Minus	•• 20	= —
Independent	• 5	Minus	••• 13	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY			OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	•	Minus	••	=
Independent	•	Minus	•••	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY			OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	•	Minus	••	=
Independent	•	Minus	•••	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY			OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.